

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

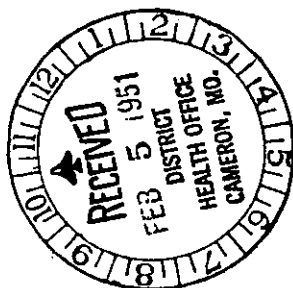
906

State File No. ....  
Registrar's No. ~~500~~ 15

BIRTH NO. <u>42241-50</u>		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>	
1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MERCER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0650</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WRIGHT MEMORIAL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>WASHINGTON TOWNSHIP</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RUTH</u>		b. (Middle) <u>ELAINE</u>	
		c. (Last) <u>LEDFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-31-1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	
8. DATE OF BIRTH <u>JUNE 25 1950</u>		9. AGE (In Years last birthday) <u>7</u>		10. MONTHS <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>DORVIN LEDFORD</u>		13b. MOTHER'S MAIDEN NAME <u>ERMA ADAMS</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>DORVIN LEDFORD</u>		18. ADDRESS <u>MILL GROVE MO.</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Gastro-Enteritis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do Not Know</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>  <u>5710</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 22, 1951</u> , to <u>Jan 31, 1951</u> , that I last saw the deceased alive on <u>Jan 31, 1951</u> , and that death occurred at <u>11:40 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Oliver F. Cuffey</u>		23b. ADDRESS <u>Trenton</u>		23c. DATE SIGNED <u>Feb 1st 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-2-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>MERCER CO. MO.</u>		24e. DATE REC'D BY LOCAL REG. <u>FEB 2-1951</u>		24f. REGISTRAR'S SIGNATURE <u>Gene Fair</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>SCHOLLER FUNERAL HOME</u>		24h. ADDRESS <u>SPICKARD MO.</u>		24i. DATE <u>11-5</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ross Wise*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3771*

P. O. Address *Spickard Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.